

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	11/21/30
FORMALITY REVIEW	TZ	JC947	01/04/01
RESPONSE FORMALITY REVIEW	ph	1030	4-13-01

## INDEX OF CLAIMS

✓ ----- Rejected  
 = ----- Allowed  
 - (Through numeral) ----- Canceled  
 + ----- Restricted  
 N ----- Non-elected  
 I ----- Interference  
 A ----- Appeal  
 O ----- Objected

Claim	Date
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
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38	✓
39	✓
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41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
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100	✓

Claim	Date
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
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110	✓
111	✓
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139	✓
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143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

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If more than 150 claims or 10 actions  
staple additional sheet here

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